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|-----------|-----------------|--------|---------|
| TO: | Andrew Iatempio | FROM: | |
| Fax: | 842-2080 | Pages: | 7pgs. |
| Phone: | | Date: | 9-13-10 |
| Re: | Joseph Kowalski | | |
| Comments: | | | |

Facsimile

Joseph Kurowski DOB 1/19/93

Today's date 7/19/16

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**Maureen Graham PMHNP-BC
Psychiatric Mental Health Nurse Practitioner
651 Delaware Ave. Suite 201
Buffalo, NY 14202
(716) 362-1210**

Date: July 19, 2016

Patient: Joseph Kurowski
DOB: 1/19/1993

PSYCHIATRIC EVALUATION:

REASON FOR EVALUATION: Patient comes to today's appointment stating he would like to have a second opinion. He sees Dr. Samat at Mid Erie on Broadway

Source of Information: Patient. The only collateral available at today's appointment is from Ashlee Rudolph: patient's therapist.

PCP: Patient is not able to recall the name of his PCP who is at Lifetime Health in Hamburg (last visit Feb)

Today's Weight: 202 lbs

Time spent face to face: 0830-0930 and 10:30-1115

Review of Ashlee Rudolph's notes from 5/13/16: "Joseph was referred by Kathleen Horvatis and is on Federal Probation"

CHIEF COMPLAINT: "I need a second opinion"

HPI: 23 yo single male with a history of depression, anxiety and narcolepsy comes to psychiatric appointment for a second opinion. Dr. Weinstein was present for the interview.

Patient tells writer he is currently pretrial for charges, is wearing an ankle bracelet, is not allowed to use a cell phone or the internet or leave his home. He has a probation officer he has to notify when he leaves his house for appointments. He tells writer that he is innocent of charges.

Patient is very anxious during the interview and has difficulty describing details in a linear fashion. He talks about having a history of trichotillomania (hair pulling) as a way to relieve anxiety. When asked specific questions; he would derail from the conversation and give attention to details that were not important. Because he could not answer questions regarding depression and anxiety without derailing from the conversation; the Generalized Anxiety Disorder 7-item scale GAD 7 and the Patient Health Questionnaire (depression screen) PHQ9 were administered to help him answer questions about anxiety and depression.

GAD-7 revealed the highest score for anxiety. He reported feeling nervous, anxious on edge. He reported not being able to stop or control worry and worrying too much about different things. He reported difficulty relaxing, feeling restless, easily annoyed and irritable and fearful that bad things might happen. He scored 21/21. Revealing high level of anxiety.

He scored 11/27 on the PHQ 9 revealing mild to moderate amount of depression. The highest score being feeling bad about himself, that he is a failure, feels he has let himself and his family down. (Favors adjustment disorder). He also complained of having difficulty falling asleep,

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lacking energy more than 50% of the time. He complained of low levels of anhedonia, feeling down, difficulty concentrating and some thoughts that he might be better off dead. He denied any active suicidal thoughts, plans or intent. He denied any homicidal ideation. He denied current auditory or visual hallucinations.

Depression: first episode sophomore yr of HS. Friend consumed with a band and got into drugs and alcohol and his group of friends broke up. This was painful and he felt alone because his group of friends was gone. (Age 14-16). Junior year dated a girl for 2 yrs. His girlfriend lived stayed with them on weekends and vacation. First week of college his girlfriend broke up with him.

He describes feeling better when he has friends however his aunt told him he still looked depressed when he was dating a girl prior to college. This girl broke up with him within the first week of college and he stated he was very depressed about it.

During his sophomore and Jr yr. of college had friends and felt better. Senior year he lost friends due to friends graduating and other friends having different schedules. He tried to connect with friends by starting game nights and stated that no one would come to his game nights. He felt alone. He attributes being alone to feeling depressed. He hates himself for not being social. He states he has low self-esteem and has self-hatred. His claims that his father has always called him a liar and talks down to him and puts others down.

OCD symptoms: He described that he couldn't find a board game at home and spent 1.5 hrs looking for it. It bothered him and days later he went through the house again and when he found it, felt relieved. Everything has to be in its place. He does not endorse electronic addiction.

Prior to arrest in April he described situational depression. He was able to enjoy his job, however became depressed when he came home from work.

He claims to have been having nightmares of getting arrested and states he no longer feels safe anywhere at all. Feels like "everyone is out to get me"

Social Anxiety: doesn't like going out in public. If he knows the setting and the people: he states that he has no difficulty. He describes that in new situations that he becomes very anxious and quiet. He states that in new situations that he experiences nausea and loose stools.

If he has a best friend: does not have symptoms of social anxiety with that relationship. If he goes to a social situation: severe anxiety if he does something by himself. This began after high school.

Denies any history of addiction or gambling. Denies looking at child pornography. Denies any history of sexual offense. He is heterosexual and denies any history of soliciting sex.

Sleep: history of sleep problems: Narcolepsy. Now takes modafinil. Now: Has trouble falling asleep. 11pm -2 can be lying awake. We discussed sleep hygiene.

Depression: 6-7/10 (10=worst)

Please see GAD 7 and PHQ 9 as patient had difficulty quantifying symptoms.

Prior to taking narcolepsy medication: saw a deer in the road and swerved. The deer was not actually not there. Saw shadows out of the corner of his eyes. This was attributed to narcolepsy.

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Recently has seen aunts crawling. He goes to kill it and it is gone. This started in April since he was arrested. He felt like an aunt was crawling on him for 1-2 hours approx. one week ago. Started with a feeling in his foot, and then moved to different parts of his body.

History of thinking there is something wrong with him. Can't seem to do anything right. Couldn't get up in the morning.

Guilt: mild

Energy: fair

Concentration: fair

Appetite: good

Psychomotor slowing: denies

Suicide: Denies

He denies history of symptoms of mania or violence.

PAST PSYCHIATRIC HISTORY:

Inpatient: Denies history

Outpt: Started going to Mid Erie this past May and sees Ashlee Rudolph LMHC; Psychiatrist Dr. Samat in June

Denies history of Suicide Attempt

Denies history of homicide attempt

Denies self-harm, cutting or stitches

Denies history of overdose

Eating disorder: Stopped eating for 2 months when he started college: GF broke up with him the first week of school (grieving). The emotional grief lasted one yr.

Denies any history of sexual abuse

Emotional and physical abuse from Father.

Family history of mental illness: Father: depression; MGM: depression; maternal aunt: depression; Paternal uncle: Schizophrenia diagnosed at age 19. No history of suicide attempts in the family

Psychiatric Medication History: denies

Current Psychotropic Medications: Takes Modafinil as prescribed by DENT Neurology for Narcolepsy. Also has methylphenidate prn ordered per his report

He tells writer that two medications were prescribed by Dr. Samat and he has not picked them up. Loxapine and buspirone which he has not taken

Current medications: Denies; PRN ibuprofen

Past Medical History

Operations: wisdom teeth extracted age 14; Lasik eye surgery earlier this year

Denies history of any Fractures

Denies history of any Tuberculosis

Denies history of any head injury or coma

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Seizure: States he was told at DENT that he had night seizures that stopped
Denies history of any STD

Chronic Medical Problems: NARCOLEPSY, sleep study: was ordered for BiPap and not able to
keep it on at night; Denies any history of Diabetes, HTN, Asthma etc.

Allergies: No Known Drug Allergies

ETOH: Started using ETOH at age: 21; rarely uses alcohol; denies history of problematic use.

Last use: February (one glass of wine with dinner at a friend's house)

Denies history of Black outs, Auditory Hallucinations, Seizure related to ETOH use.

Denies ever going into Detox; Rehab: AA; Denies history of DWI

Drugs: Denies history or current use of: THC, heroin, cocaine, uppers, downers, LSD, PCP,
SK, ecstasy, magic mushrooms, hashish or pain pills

Denies history of inpatient or outpatient rehabilitation

Nicotine: Denies any history or current use

Caffeine: none

Pretrial for legal charges; currently on parole and is wearing an ankle bracelet: no cell phone, no
internet, not allowed to walk outside.

Parole Officer Kathleen Horvatis 704-6089 (Buffalo): Dr. Weinstein called her office after
patient signed a consent and she has not returned the call.

Military: denies

Social History: Born in Buffalo, Grew up in Cheektowaga. Parents are together. Father was a
stay at home dad since he was born. His mother is an Associate Athletic Director at UB. He is
the oldest of three children. He has a 15 yo brother and 11 yo brother. Denies any history of legal
trouble prior to April. He states that he did well in high school. Graduated from JFK in
Cheektowaga. Bachelors of Arts and Music from Univ. of Bflo. He prepared for a senior recital.
He wanted to take a year to prepare for Music Ed school. (Voice major). He worked at Geico
started June 2015. He is LOA since April until legal process is finished.

Review of systems: Denies any physical complaints, denies headache, SOB, musculoskeletal
pain, nausea, chest pain or back pain.

Mental Status Exam:

Orientation: Person Place Time

Appearance: Well Groomed Disheveled Poor Hygiene Bizarre

Eye Contact: Direct Indirect None

Mood: Euthymic depressed anxious apathetic irritable ambivalent agitated
 elevated expansion tension grief/mourning euphoric dysphoric panic

Affect: Appropriate Blunted Flat Constricted Expansive Labile

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Speech: Rate: Normal Slow Rapid Pressured Mute Other
 Tone: Normal Low Inaudible Loud Monotone Other
 Amount: Normal Poverty of speech Over-productive Other
 Clarity: Normal Unintelligible Slurred Mumbling Other
 Fluency: Spontaneous Delayed Other

Thought Process: Logical Linear Goal directed Circumstantial Flight of ideas
Neologisms Loose associations Tangential Word salad Perseveration
Thought blocking Unable to assess Other

Thought Content: Suicidal ideation: Denies Thought Plan Intent
Homicidal ideation: Denies

Delusions: Yes No If Yes: Referential Nihilistic Somatic Erotomanic
Paranoid Grandiose Other: none evident at this time

Perceptions: Normal Auditory hallucinations Visual hallucinations Olfactory
 hallucinations Tactile hallucinations Somatic delusions Gustatory hallucinations
Derealization Unable to assess Other

Concentration Good Fair Poor

Insight: Good Fair Poor Inadequate

Judgment: Good Fair Poor Inadequate

Formulation: 23 yo male with a history of low self-esteem, anxiety and poor self-image comes to psychiatric appointment for a second opinion. Patient has a family history of mental illness and is biologically predisposed to experiencing anxiety. He describes a difficult relationship with his father and difficulty making and keeping friends. He becomes distraught when relationships are broken or if he is by himself. This favors a personality disorder that is best treated using therapy. He also describes overwhelming anxiety that will require both therapy and medication management.

This young man craves human relationships and lacks skills to maintain the relationships. This is best managed in therapy. He claims to feel better when he is engaged with others and does not enjoy being alone and attributes this to feeling depressed. (adjustment disorder).

Patient's answers to my questions were vague and circumferential. He had great difficulty answering my questions in a logical and linear manner. He gave similar answers to my questions that he gave to his therapist.

Regarding seeing things that are not there; this will warrant further ongoing assessment by his psychiatrist and therapist as it is not typical for what would be expected of patients with psychosis.

Of note: modafnil could be possibly contributing to his level of anxiety.

DIAGNOSTIC IMPRESSION:

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AXIS I: Generalized anxiety disorder; Depression NOS; Adjustment disorder with mixed emotions. OCD traits

NARCOLEPSY treated at DENT Neurology

Personality disorder Not otherwise specified.

Plan:

1. Continue psychotherapy as this will be the mainstay of treatment for him.
2. Anxiety- particularly GAD is treated with SSRI or SNRI
3. Depression is situational (treatment for depression is also using SSRI or SNRI)
4. It is not clear if he is experiencing psychosis or somatic symptoms from stress of going through pretrial. This warrants further assessment.
5. Recommend head imaging if neurologist is in agreement
6. There is no need for patient to return as this was a second opinion.

Maureen Graham NP

Maureen Graham PMHNP-BC



Wendy Weinstein MD

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463 William Street 431 William Street
Buffalo, NY 14204 Buffalo, NY 14204
716 893-0062 716 249-5166
Fax 716 893-0070 Fax 716 855-4684

Counseling & Treatment Services

Elizabeth L. Mauro, LCSW-R
Executive Director

FAX COVER SHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

NOTICE

The attached records are being disclosed to you pursuant to Mental Hygiene Law 33.13 and/or 42 CFR Part 2 (also 42 U.S.C. 290dd-2 and 42 U.S.C. 290dd-3, and/or 45 CFR Part 164).

You may not release these records or information contained within these records to the patient or client. Access by the patient or client, who is the subject of these records, is governed by separate sections of law.

Mental Hygiene Law 33.13(f) requires that the party receiving information or records must maintain the confidentiality of these records or information. The limitations on disclosure in Mental Hygiene Law 33.13 apply to you as the party who has received these records and information.

If information or records have been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2), please note the following statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DATE:

9/23/16

TIME:

12:45

FAX NUMBER:

842-2580

TO:

Andrew LoTempio

COMPANY:

FROM:

Ashe Rudolph, LMHC

NUMBER OF PAGES (including cover sheet):

22

MESSAGE:

MH Records. Please let me know if you need anything else.

If you have received this message by error, please notify us immediately and destroy the related message.

MID-ERIE COUNSELING & TREATMENT SERVICES**AUTHORIZATION FOR RELEASE OF MENTAL HEALTH CLINICAL RECORD**Client Name: Joseph KaramissiDate of Birth: X/19/1993

This form implements the requirements for patient authorization to use and disclose health information protected by the federal health privacy law, 45 C.F.R. parts 160, 164. (HIPAA). Except as otherwise permitted or required by the privacy law, a health care provider subject to the privacy law may not use or disclose protected health information without an authorization that complies with the requirements of 45 C.F.R. Section 164.508.

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary in accordance with Sections 33.13 & 33.13 of the Mental Hygiene Law.

Mid-Erie Counseling & Treatment Services
is authorized to provide/receive the information:
(Mid-Erie address) 1131 Broadway
Buffalo, NY 14212

Persons/organizations receiving/providing the
information: Courts, Judges, Attorneys, etc.

Andrew LoTempio 842-2558
x202

Specific description of information that may be used or disclosed under this authorization (including date(s)): Diagnoses, History, Risk Information, Assessment Findings, Treatment Planning, Recommendations, and other relevant information. Adherence to treatment, cooperation with treatment, program guidelines, attendance and results of any breath, blood or urine tests. History and behavior related to my diagnosis.

842-
2580

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

To inform the above named agency/person (s) of my participation, progress and attitude toward my evaluations and treatment. Coordinate treatment.

Disclosure to Marketing

If the information covered by this authorization will be used for marketing purposes we will receive remuneration for providing this information from:

Potential for Re-disclosure

I understand that information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible for Mid-Erie to ensure my right to the protection of the privacy of this information once Mid-Erie Counseling & Treatment Services discloses it to another party.

Effect of Refusing Authorization

If I refuse to sign this authorization, Mid-Erie Counseling & Treatment Services will not deny me any treatment except research-related treatment, or treatment that I have requested for the purpose of disclosure to others, including:

Treatment conditioned on authorization

Rights of the individual

- Unless I am participating in clinical research, I understand that my health care and the payment for my health care will not be affected if I do not sign this form. I understand that a separate informed consent clinical research authorization form must be signed if I participate in research or clinical trials.
- I understand that I may see and copy the information described on this form if I ask for it, and that I get a copy of this form after I sign it.

Right to Terminate or Revoke Authorization

I understand I may revoke or terminate this authorization at any time by submitting a written revocation to Mid-Erie Counseling & Treatment Services except that the revocation will not have any effect on any action taken in reliance on this authorization before written notice of the revocation is received by the Privacy Officer at Mid-Erie Counseling & Treatment Services, 1526 Walden Avenue, Suite 400, Cheektowaga, New York 14225.

Expiration Date of Authorization

I understand this consent will expire: 3 months following discharge from services unless a specific date is entered here / / or is revoked earlier by myself or my personal representative.

Signature I have read and understand the terms of this authorization. I have had an opportunity to ask questions about the use or disclosure of my protected health information.

X Joseph Kurkowski
Name of Client (Print or Type)

Joseph Kurkowski
Signature of Client

X 9/21/16
Date

Signature of Client Representative

Date

Printed Name of Client Representative

Description of Relationship to Client/Authority

Address of Client Representative

Telephone daytime evening

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

For Mid-Erie Counseling & Treatment Services Use Only

Date Mid-Erie Counseling & Treatment Services Obtained Authorization:

9/21/16

Name and Title of Person Obtaining Authorization: Ashlee Rudolph, LMHC

ATC

Action Taken by Mid-Erie Counseling & Treatment Services on Authorization:

Date Mid-Erie Counseling & Treatment Services Received Request to Revoke Authorization:

Name and Title of Person Handling Request to Revoke Authorization:

Action Taken by Mid-Erie Counseling & Treatment Services on Revocation:

| | | |
|---|--------------|---|
| Name: KUROWSKI, JOSEPH Type: Comprehensive Assessment Adult Printed on 09/13/2016 at 02:08 PM | Case#: 24586 | Page: 1 of 18 Date: 05/13/2016 (Final Approved on 05/15/2016 at 08:41 PM) |
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Mid-Erie Counseling and Treatment Services
COMPREHENSIVE ASSESSMENT FOR ADULTS

Client meets criteria for admission: Yes No

Notice of rights has been provided client/guardian: Yes No

Limits of Confidentiality explained before beginning? Yes No

Source (s) of information:
Client

Presenting problem (include impact on social, work, and/or academic functioning):

Joseph was referred by Kathleen Horvatits and is on Federal Probation. Due to client being pre-trial, his case was not discussed.

Current symptoms (describe symptoms, their onset, severity, frequency, duration):

Joseph reports that he has been experiencing anxiety since he can remember. He reports that he doesn't remember a time without anxiety. He reports that started experiencing panic attacks; having a heavy chest, uncontrollable crying, hyperventilation. He reports that he experiences this every once in awhile, randomly. He reports that he has a little bit of social anxiety. He reports that he can talk to people for a job, but when it comes to making friends, he reports, "I can't do it, I just don't have enough to talk about." He reports that he also pulls his hair and has done so since he was a teenager. He reports that he was diagnosed with Trichillomania when he was a kid. "I feel like when I pull out my hair, I release pressure built up in my head, so the more stress I have, the more pressure I feel, the more I pull my hair." He reports that he experienced extreme depression after a breakup after a breakup his freshman year and that he spent his entire freshman year crying every day, not eating and feeling extremely depressed. He reports that the only thing that brought him out of his depression was being successful in college in his music major.

He reports that he is experiencing depression for a long time, since middle school. He reports that at the end of middle school he lost his best friend. He reports that his friend got really into drugs and he stopped talking to him after that.

He reports that he was diagnosed with Narcolepsy and takes two medications for it. He reports that when he is not on his medication, he has difficulty sleeping, breathing when he's sleeping and focusing. "It's like you're running through a forest and every tree you pass is a new idea." He reports that he has attacks when he focuses too hard and is not on his medication. He reports that before he was medicated, he was hallucinating and seeing things. He reported that it got bad during college; "It got so bad that I didn't know what was real or what was not real. I would fall asleep, and I could hear people talking, but I didn't know what was being said." He denies auditory/visual hallucinations currently now that his disorder is under control.

Describe any current stressors and/or precipitating events:

Joseph reports that the stress of the case and not being able to work or do anything is stressing him out and that he has been having random severe panic attacks and pulling his hair due to the extreme stress.

Describe what the client knows about the concept of "recovery":

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Joseph reports that he would like to gain control of his anxiety, depression and work on reducing stress.

Describe the extent to which the client is hopeful about treatment, change, and the future:

Joseph reports that he would like to gain control of his anxiety, depression and work on reducing stress.

Is client currently in psychiatric treatment of any type?

Yes No

Describe current treatment (include type of treatment and providers, effectiveness, et cetera):

denies

PAST PSYCHIATRIC TREATMENT

Has client ever been in the hospital for mental health treatment? Yes No Information not available

If so, number of psychiatric hospitalizations:

Has client ever been in outpatient care for mental health treatment? Yes No Information not available

If so, number of outpatient psychiatric admissions:

Has client ever been in a day treatment program? Yes No Information not available

Has client ever been in a residential treatment center? Yes No Information not available

MH/CD Treatment History

Past psychiatric treatment comments:

He reports no past psychiatric treatment and that he wanted treatment last year and that he didn't engage because his mother was too busy to deal with his mental health issues.

History of psychiatric symptoms experienced in the past (symptoms, onset, severity, frequency, duration):

Joseph reports that he has been experiencing anxiety since he can remember. He reports that he doesn't remember a time without anxiety. He reports that started experiencing panic attacks; having a heavy chest, uncontrollable crying, hyperventilation. He reports that he experiences this every once in awhile, randomly. He reports that he has a little bit of social anxiety. He reports that he can talk to people for a job, but when it comes to making friends, he reports, "I can't do it, I just don't have enough to talk about." He reports that he also pulls his hair and has done so since he was a teenager. He reports that he was diagnosed with Trichotillomania when he was a kid. "I feel like when I pull out my hair, I release pressure built up in my head, so the more stress I have, the more pressure I feel, the more I pull my hair." He reports that he experienced extreme depression after a breakup after a breakup his freshman year and that he spent his entire freshman year crying every day, not eating and feeling extremely depressed. He reports that the only thing that brought him out of his depression was being successful in college in his music major.

He reports that he is experiencing depression for a long time, since middle school. He reports that at the end of middle school he lost his best friend. He reports that his friend got really into drugs and he stopped talking to him after that.

He reports that he was diagnosed with Narcolepsy and takes two medications for it. He reports that when he is not on his medication, he has difficulty sleeping, breathing when he's sleeping and focusing. "It's like you're running through a forest and every tree you pass is a new idea." He reports

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that he has attacks when he focuses too hard and is not on his medication. He reports that before he was medicated, he was hallucinating and seeing things. He reported that it got bad during college; "It got so bad that I didn't know what was real or what was not real. I would fall asleep, and I could hear people talking, but I didn't know what was being said." He denies auditory/visual hallucinations currently now that his disorder is under control.

Any history of thoughts/plans/acts/ideation or intention of suicide?

 Yes No

Describe:

Joseph reported that in the past, he used to think that if he was hurt in some way, that his family and/or girlfriend would pay attention to him. He reports that currently he has been having thoughts because he is very future oriented and that if he is going to have his future taken away from him, "to me, it's just not worth it. At that point, why bother. It's not that I want to commit suicide, but my life is over, so why bother."

Any history of thoughts/plans/acts/ideation or intention of homicide?

 Yes No

Describe:

enles

ADDICTIONS INFORMATION

Does Client have a significant history of and/or current behavior concern in any of the following areas?

Alcohol and/or other substance use? Yes NoGambling? Yes NoSexual acting out, pornography, sex crimes, etc? Yes NoOvereating, restricting, or purging food? Yes No

If the answer is "yes" to one or more of the questions in this section, complete the "Addictions" tab.

MILITARY HISTORYHas client ever served in the military? Yes NoWhat branch? Army Navy Marines Air Force Coast Guard OtherType of discharge: Honorable Dishonorable General Other

Comments on the experience, any trauma, et cetera:

TRAUMATIC EVENTS

Current or past experience of being abused or neglected:

Emotional

Verbal

Physical

Describe the above, or any other traumatic experience:

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He reports that his father is severely depressed and often physically, emotionally and verbally abusive.

FAMILY

Does client have any significant history of and/or current family concerns which impact presenting problem?

Yes Denies

If the answer is "yes", complete the "Family" tab.

INTIMATE RELATIONSHIPS AND CURRENT LIVING SITUATION

Current marital status: Never Married

Number of times married: 0

If married (or in a significant relationship) more than once, explain reasons for each divorce or separation:

NA

Describe relationship with current partner:

NA

Sexual issues of concern:

MA

Current living arrangement (select one)

Family

Number of persons other than the client living in the home

4

Household Members

Living environment (condition of home): In good condition In need of repair Not applicable

How many times has client's residence changed in the last two years? 0

Current home atmosphere:

Competitive

Other

Describe current living situation:

"I don't feel stressed living with my family, truth be told I don't want to move out. I love my brothers and my family and those surroundings." He reports when his dad is aggravating him he is able to go into his own room as a getaway. He reports that his parents recently took his door off of his room "as a statement to not having my own privacy."

Is client satisfied with his/her current living situation?

Yes No

Does the client have children?

Yes No

If yes, give names and ages, where children live, and describe relationships with children:

| | | |
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NA

Overall quality of interpersonal relationships (length, amount of difficulty forming and maintaining):

see above friendships

Is family psychoeducation needed? Yes No

Explain:

[Redacted]

CULTURAL, GENDER, AND SPIRITUAL CONSIDERATIONS

Does client identify with a particular cultural group?

 Yes No

If so, describe group:

denies

Gender and/or Sexual Orientation Issues:

denies

Primary Religious Affiliation: Catholic

Describe religious or spiritual beliefs and practices:

*Catholic/Anglocan - He is not permitted to attend church and currently is content with not attending.
"I believe that there is a God, but that he has nothing to do with us."*

Are there cultural, gender, sexual orientation, or spiritual beliefs likely to impact treatment? Yes No

If yes, explain:

[Redacted]

EDUCATIONAL AND DEVELOPMENTAL INFORMATION

Is client currently in school/college/training program?

 Yes No

Name of school/college/training program:

Location of school (city):

Last grade completed:

Bachelors/Higer

Was the client in special education classes?

 Yes No Unknown

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Describe school functioning:

He reports that he has a Bachelors in Music Studies, UB. He reports that he wanted to go back for an MBA and/or Music Education degree.

Can client read and write?

Yes No Unknown

Explain:

Does client have a history of developmental delay?

Yes No

If yes, specify:

VOCATIONAL INFORMATION

Current employment status Unable to Work, Mandated Tx

How long at current job?

0-6 months 6 months-1year 1-5 years 6-10 years Over 10 years

Is client satisfied with current job?

Yes No

Has client experienced difficulty performing work or work-like activity?

Yes No

Describe the severity/frequency of work problems of any kind:

Work History

FINANCIAL STATUS

Source of income or support received during the past 12 months: Geico, mother

Does client have financial problems?

Yes No

Explain:

Joseph reports that he is unable to work and/or touch the money that he has in the bank.

LEGAL HISTORY

Present Legal Involvement
 Awaiting Trial

Past Legal Involvement
 None

Reason for last incarceration, when and how long:

| | | |
|---|--------------|---|
| Name: KUROWSKI, JOSEPH Type: Comprehensive Assessment Adult Printed on 09/13/2016 at 02:08 PM | Case#: 24586 | Page: 7 of 18 Date: 05/13/2016 (Final Approved on 05/15/2016 at 08:41 PM) |
|---|--------------|---|

He reports that he was arrested on April 1st and was released on April 11th.

Is client presently awaiting charges, trial or sentence?

Yes No

If yes to presently awaiting charges, trial or sentence, explain:

Joseph reports that he is awaiting a Federal Trial.

Last arrested for (offense):

Date: April 1

Is client on probation? Yes No Unknown

Is client on parole? Yes No

CLIENT STRENGTHS

Work History

Determined

Brave

Communicates Well

Describe any leisure activities or hobbies:

music, reading, video games, sports

Case Formulation:

(describe complete picture of client, how/why did illness develop, suggested treatment approach, rationale):

Joseph was referred by Kathleen Horvatits and is on Federal Probation. Due to client being pre-trial, his case was not discussed. He reports that he is not currently in a relationship and has fathered no children.

Joseph reports that he grew up with his mother and father and 2 brothers. He reports that his mother works and that his father is a stay at home dad. He reports that he has a good relationship with his mother and brothers and that his dad has depression and is physically and emotionally abusive. He reports that his younger childhood was good and that he had a lot of friends, but has developed social anxiety in regards to not being able to make and keep friends. He reports that he is close with his immediate family and very close with his grandma. He reports that his father is depressed and is verbally and physically abusive. He reports that his uncle Ronald was diagnosed with schizophrenia, his grandmother and aunt both depression. Grandmother, Uncle and Aunt have diabetes. Deceased grandmother had kidney failure.

Denies addictions, gambling history and disordered eating. We are unable to discuss sexual history at this time. He reports that his father is severely depressed and often physically, emotionally and verbally abusive.

He reports that he has a Bachelor's in Music Studies, UB. He reports that he wanted to go back for an MBA and/or Music Education degree. He reports that he was working full time at Geico, but is taking a LOA due to his pending case. He reports no legal past, did not discuss current legal situation. Joseph reports that he was diagnosed with Narcolepsy after a misdiagnosis of Sleep Apnea. He reports no other medical issues.

Joseph reports that he has been experiencing anxiety since he can remember. He reports that he doesn't remember a time without anxiety. He reports that started experiencing panic attacks; having a heavy chest, uncontrollable crying, and hyperventilation. He reports that he experiences this every once in a while, randomly. He reports that he has a little bit of social anxiety. He reports that he can talk to people for a job, but when it comes to making friends, he reports, "I can't do it, I just don't have enough to talk about." He reports that he also pulls his hair and has done so since he was a teenager. He reports that he was diagnosed with Trichotillomania when he was a kid. "I feel like when I pull out my hair, I release pressure built up in my head, so the more stress I have, the

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more pressure I feel, the more I pull my hair." He reports that he experienced extreme depression after a breakup after a breakup his freshman year and that he spent his entire freshman year crying every day, not eating and feeling extremely depressed. He reports that the only thing that brought him out of his depression was being successful in college in his music major. He reports that he is experiencing depression for a long time, since middle school. He reports that at the end of middle school he lost his best friend. He reports that his friend got really into drugs and he stopped talking to him after that. He reports that he was diagnosed with Narcolepsy and takes two medications for it. He reports that when he is not on his medication, he has difficulty sleeping, breathing when he's sleeping and focusing. "It's like you're running through a forest and every tree you pass is a new idea." He reports that he has attacks when he focuses too hard and is not on his medication. He reports that before he was medicated, he was hallucinating and seeing things. He reported that it got bad during college; "It got so bad that I didn't know what was real or what was not real. I would fall asleep, and I could hear people talking, but I didn't know what was being said." He denies auditory/visual hallucinations currently now that his disorder is under control. Joseph reports that the stress of the case and not being able to work or do anything is stressing him out and that he has been having random severe panic attacks and pulling his hair due to the extreme stress. Joseph is appropriate for mental health services due to his diagnoses of Persistent Depressive Disorder, Trichotillomania and Generalized Anxiety Disorder. He reports that his symptoms have been interfering with his daily life for as long as he can remember. He will meet with his primary counselor 3x per month and attend Federal Stress Management Group 2x per month to work on his treatment plan goals and objectives. He will continue in treatment as long as his symptoms are causing him impairment.

Stage of Change: Preparation

Additional assessments/information needed:

If other assessment/information is needed, specify:

What are the client's goals and preferences for treatment? Will there be family involvement?

Joseph will attend Federal Stress Management group

Services:

Initial Evaluation
 Medication Management
 Individual Therapy- Full
 Group Therapy

Comments about Initial Plan for Services:

Joseph will attend individual sessions 3x per month and group therapy 2x per month in order to work on his treatment plan goals and objectives.

Criteria for Discharge Planning:

Joseph will be discharged once he is charged/sentenced and/or once his symptoms are no longer causing him impairment.

Signature of Clinician Completing Assessment:

Name: RUDOLPH, ASHLEE, LMHC
 Electronically Signed

Date: 05/13/2016 Time: 3:43 p.m. Electronic

| | | |
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|---|--------------|---|

Administrative Sign-off (If needed):

Name: CICCARELLI, SAMANTHA Date: 05/15/2016 Time: 6:41 p.m. Electronic
Electronically Signed

Form WIZNYS07; Version 1.04; Created 06/08/09

| | | |
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Mid-Erie Counseling and Treatment Services
COMPREHENSIVE ASSESSMENT FOR ADULTS-ADDICTIONS

SUBSTANCE USE

Does client have any history of substance use?

Yes No

Drug Use History

Above information suggests need for further assessment regarding substance abuse/dependence? Yes No

Rationale/ Findings to support CD diagnosis:

He reports that he drinks once in awhile. Denies any other drug use.

OTHER ADDICTIONS

GAMBLING

Any history of gambling?

Yes No

Describe:

denies

Indicative of a possible gambling problem?

Yes No

SEX

Any history of sexual acting out, pornography, sex crimes, etc?

Describe:

|Pretrial charges, cannot discuss.

Indicative of a possible sex addiction?

FOOD

Any history of overeating, restricting, or purging food?

Describe:

deejay

Indicative of an eating disorder?

| | | |
|---|--------------|--|
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|---|--------------|--|

Mid-Erie Counseling and Treatment Services
COMPREHENSIVE ASSESSMENT FOR ADULTS- MEDICAL

MEDICAL INFORMATION

Has client taken any medications in the last two weeks? Yes No

Does client report taking any medications for any reason? Yes No

Medications History

List any other medications not included above:

Riddlin, Medofinil

Medical History

Other

Comments regarding medical history:

Joseph reports that he was diagnosed with Narcolepsy after a misdiagnosis of Sleep Apnea.

Date of last menstrual period: NA

Number of pregnancies: 0 Number of Live Births: 0

Birth Control? Yes No

Birth control method: NA

Any allergies or special precautions? Yes No

If yes, what are they:

none

Does client have any special nursing/medical needs? Yes No

If yes, specify:

Does the client experience limitations due to physical health or disability? Yes No

If yes, explain:

Name of personal physician: Phone Number:

Treating facility: Lifetime Health

| | | |
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|---|--------------|--|

Has contact been made with primary care physician in order to coordinate care?

Yes No Unknown N/A

Signature of Clinician Completing Assessment:

Name: RUDOLPH, ASHLEE, LMHC
Electronically Signed

Date: 05/13/2016 Time: 2:22 p.m.

Electronic

Administrative Sign-off (if needed):

Name:

Date:

Time:

N/A

Doctor's Signature

Name:

Date:

Time:

N/A

Form MECATS11; Version 1.04; Created 06/08/09

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|---|--------------|--|
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|---|--------------|--|

Mid-Erie Counseling and Treatment Services
COMPREHENSIVE ASSESSMENT FOR ADULTS- FAMILY

FAMILY OF ORIGIN

Describe family constellation (primary caregivers, siblings, birth order):

Joseph reports that he grew up with his mother and father and 2 brothers. He reports that his mother works and that his father is a stay at home dad. He reports that he has a good relationship with his mother and brothers and that his dad has depression and is physically and emotionally abusive.

Describe childhood and adolescence (atmosphere, location, significant events):

He reports that his younger childhood was good and that he had a lot of friends, but has developed social anxiety in regards to not being able to make and keep friends.

Significant issues from childhood are impacting current presenting problem? Yes Denies

Describe how:

He reports that his experiences with his father have made him more negative and that she strives to be better because of it.

Describe which family members are living, where, contact, relationships:

He reports that he is close with his immediate family and very close with his grandma.

History of Mental illness:

Biological Father

Aunt/ Uncle

If indicated above, describe illness (give diagnosis if known):

He reports that his father is depressed and is verbally and physically abusive. He reports that his uncle Ronald was diagnosed with schizophrenia, his grandmother and aunt both depression

History of Family Suicide:

None

History of Substance Abuse:

None

History of Criminal Activity:

None

History of Violent Behavior:

None

| | | |
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History of Medical Problems:
Diabetes

Explain any areas indicated above:

Grandmother, Uncle and Aunt have diabetes. Deceased grandmother had kidney failure.

Form MECATS10; Version 1.03; Created 02/10/10

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RISK ASSESSMENT- C/A

Does client currently have thoughts of or plans to harm self or a history of such thoughts/plans: Yes No
 If yes, complete risk to self table:

Risk to Self:

Does client hear voices telling him/her to kill self: Yes No
 If yes, explain:

denies

Has client experienced the suicide of family member or friend: Yes No

Does client engage in or have a history of self mutilation or other self destructive behaviors:
 If yes, explain:

He reports that he has hit himself in the past for being aggravated or not being able to understand something.

Does client currently have thoughts of or plans to harm others or a history of such thoughts/plans: Yes No

If yes, complete risk to others table.

Risk to Others:

Does client have access to weapons: Yes No
 If yes, explain:

denies

Does client have a history of setting fires: Yes No
 If yes, explain:

denies

Does client have thoughts or plans of setting fires: Yes No
 If yes, explain:

denies

Does client have fantasies/obsessive thoughts about others: Yes No
 If yes, explain:

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He reports that he that he was extremely depressed about his breakup freshman year of college.

Does client have a history of stalking:

If yes, explain:

Yes No

denies

OTHER FACTORS INCREASING RISK

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Abuses drugs and alcohol | <input type="checkbox"/> Recent diagnosis of Schizophrenia |
| <input type="checkbox"/> Poor impulse control | <input type="checkbox"/> Terminal illness/chronic pain/chronic illness |
| <input checked="" type="checkbox"/> Feelings of hopelessness | <input checked="" type="checkbox"/> Victim of abuse |
| <input type="checkbox"/> Thought disturbance | <input type="checkbox"/> Sexual excitation/gratification through inappropriate means |
| <input checked="" type="checkbox"/> Disorganized thinking | <input type="checkbox"/> History of harm to animals |
| <input type="checkbox"/> Current familial or interpersonal conflict | <input type="checkbox"/> Employment problems/job loss |
| <input type="checkbox"/> Poor judgment | <input checked="" type="checkbox"/> Current legal problems |
| <input type="checkbox"/> Giving away belongings | <input type="checkbox"/> Academic problems |
| <input type="checkbox"/> Social withdrawal | <input type="checkbox"/> Poor insight |
| <input type="checkbox"/> Recent end of significant relationship | <input type="checkbox"/> Denial of mental illness |
| <input type="checkbox"/> History of property damage | <input type="checkbox"/> Intellectual impairment |
| <input type="checkbox"/> Fear inducing behaviors | <input checked="" type="checkbox"/> Memory problem |
| <input type="checkbox"/> Non-compliance with critical medical care | |

Explain factors increasing risk:

Joseph reports being depressed and feeling hopeless. He reports racing thoughts and being a victim of verbal, and occasional physical abuse from his father. He is currently awaiting a federal trial and reports severe memory issues related to his Narcolepsy.

Factors reducing risk (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Compliant with treatment | <input checked="" type="checkbox"/> No history of violence |
| <input checked="" type="checkbox"/> Compliant with medications | <input type="checkbox"/> No current substance abuse |
| <input type="checkbox"/> Adaptive coping skills | <input checked="" type="checkbox"/> Family (significant other) support |
| <input type="checkbox"/> Has/uses strategies to cope with command hallucinations | <input checked="" type="checkbox"/> Acceptance of mental illness |
| <input checked="" type="checkbox"/> Insight into mental illness | <input type="checkbox"/> Social/peer support |
| <input checked="" type="checkbox"/> Employment or school stability | <input checked="" type="checkbox"/> Religious beliefs |
| <input checked="" type="checkbox"/> Future oriented | <input type="checkbox"/> Other |

Explain factors or strengths reducing risk:

Joseph reports being compliant with his medication. He appears to have insight and acceptance of his mental health issues. He reports that he is looking forward to the future, has no history of violence and has support from his family. He reports that he has religious beliefs.

| | | |
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OTHER IMPORTANT INFORMATION, COMMENTS OR CONCERNS**RISK LEVEL**

Elevated risk Concern of risk Low risk Minimal risk

Elevated Risk=Immediate risk to self or others. Current and/or recent history of suicidal plans or behaviors, violence, threats, or similar acting-out behavior which may be associated with a disorganized mental state or substance abuse.

Concern of risk=Thoughts of harm, no plan. No recent history of elevated risk factors, yet does have a history of suicide attempts, violence, or threats which may be associated with psychosis or substance abuse, and/or moderate risk factors in current presentation.

Low risk=No past history of suicide attempts or violence, but clinical presentation contains some factors which might raise concern.

Minimal risk=No known risk factors for harm to self or others.

Describe:

Joseph is a concern of risk. He reports history of thoughts of harm, but no plans or attempts. Joseph reported that in the past, he used to think that if he was hurt in some way, that his family and/or girlfriend would pay attention to him. He reports that currently he has been having thoughts because he is very future oriented and that if he is going to have his future taken away from him, "to me, it's just not worth it. At that point, why bother. It's not that I want to commit suicide, but my life is over, so why bother."

RISK MANAGEMENT PLAN

Risk Management Plan

- | | |
|---|---|
| <input type="checkbox"/> Hospitalize | <input checked="" type="checkbox"/> Medication evaluation |
| <input checked="" type="checkbox"/> Contract for safety | <input checked="" type="checkbox"/> Notify police |
| <input type="checkbox"/> Notify potential victim | <input checked="" type="checkbox"/> Notify family, significant others or guardian |
| <input type="checkbox"/> Refer or provide services or treatment | <input type="checkbox"/> Consult with other professionals |
| <input checked="" type="checkbox"/> Notify Crisis Services | <input type="checkbox"/> Detox |
| <input type="checkbox"/> Other | |

Describe:

Joseph completed a safety plan and was given the information for Crisis Services and the after hours phone. He is scheduled for medication evaluation with Dr. Samant for 7/6/16. He was educated on the limitations of confidentiality and reported that he understood. Joseph completed a safety plan and was given the information for Crisis Services and the after hours phone. He is scheduled for medication evaluation with Dr. Samant for 7/6/16. He was educated on the limitations of confidentiality and reported that he understood.

Signature of Staff Person Completing Form:

Name: RUDOLPH, ASHLEE, LMHC
Electronically Signed

Date: 05/13/2016 Time: 3:28 p.m. Electronic

| | | |
|---|--------------|--|
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Signature of Supervisor:

Name: _____

Date: _____

Time: _____

N/A

Form MECATS04; Version 1.02; 08/18/13

Name: KUROWSKI, JOSEPH
 Type: Diagnosis Review (Active Diagnoses)
 Printed on 09/13/2016 at 02:09 PM

Case#: 24586

Page: 1 of 1

Date: 05/13/2016

(Final Approved on 05/13/2016 at 03:42 PM)

Mid-Erie Counseling and Treatment Services

DIAGNOSTIC REVIEW

Disorders and Conditions

| ID | Description | Priority | Begin Date | End Date |
|-------|---------------------------------------|----------|------------|----------|
| F34.1 | Persistent depressive disorder (dyst | 1 | 05/13/2016 | |
| F63.3 | Trichotillomania (hair-pulling disord | 2 | 05/13/2016 | |
| F41.1 | Generalized anxiety disorder | 3 | 05/13/2016 | |

Important Psychosocial and Contextual Factors

| ID | Description | Priority | Begin Date | End Date |
|--------|--------------------------------------|----------|------------|----------|
| Z65.3 | Problems related to other legal circ | 1 | 05/13/2016 | |
| Z91.89 | Other personal risk factors | 2 | 05/13/2016 | |

WHODAS 97

SPMI/SED SPMI/SED

Signature of clinician completing form:

Name: RUDOLPH, ASHLEE, LMHC
 Electronically Signed

Date: 05/13/2016

Time: 3:42 p.m.

Electronic

Co-signature of clinician completing form (if different from above):

Name: _____ Date: _____ Time: _____ N/A

Signature of staff entering information (if different from above):

Name: _____ Date: _____ Time: _____ N/A

Form DSM5DIAG; Version 1.03

CLIENT MEDICATIONS

PAGE: 1

Client Name: KUROWSKI, JOSEPH
 Print Date: 09/13/2016 Time: 14:26

24586 Admitted SAI: RUDOLPH, ASHLEE
 Included: All medications, Discontinued, All medication types

Start Date: 06/01/2016 End Date: 07/30/2016
 Recorded: 06/01/2016 Presc/Order#: 17345
 Strength: 15 mg
 Dose Form: tablet
 Route: oral

Earliest Fill Date:
 Type: Prescription
 Pharmacy: RITE AID-476 WILLIAM ST
 Pharmacy Addr: 476 WILLIAM STREET
 Pharmacy City: BUFFALO
 Pharmacy Phone: 716-847-0424

Estimated Dates: N
 Medication: BuSpur Dividose

Sig: Take 1 tablet(s) by mouth 2 times a day

Note to Pharmacy:

Prescribing Physician:

Staff: SAMANT, ARVIND
 Dispense Qty: 60 / Tablet(s)

Refills: 1 Pre-Approved Discontinued Renewal Renewed Voided

Start Date: 06/01/2016 End Date: 07/30/2016
 Recorded: 06/01/2016 Presc/Order#: 17346
 Strength: 20 mg
 Dose Form: capsule
 Route: oral

Earliest Fill Date:
 Type: Prescription
 Pharmacy: RITE AID-476 WILLIAM ST
 Pharmacy Addr: 476 WILLIAM STREET
 Pharmacy City: BUFFALO
 Pharmacy Phone: 716-847-0424

Estimated Dates: N
 Medication: PROzac

Sig: Take 1 capsule(s) by mouth 1 time a day in the morning before noon

Note to Pharmacy:

Prescribing Physician:

Staff: SAMANT, ARVIND
 Dispense Qty: 30 / Capsule(s)

Refills: 1 Pre-Approved Discontinued Renewal Renewed Voided

Start Date: 08/31/2016 End Date: 10/29/2016
 Recorded: 08/31/2016 Presc/Order#: 20964
 Strength: 15 mg
 Dose Form: tablet
 Route: oral

Earliest Fill Date:
 Type: Prescription
 Pharmacy: RITE AID-476 WILLIAM ST
 Pharmacy Addr: 476 WILLIAM STREET
 Pharmacy City: BUFFALO
 Pharmacy Phone: 716-847-0424

Estimated Dates: N
 Medication: BuSpur Dividose

Sig: Take 1 tablet(s) by mouth 2 times a day

Note to Pharmacy:

Prescribing Physician:

Staff: SAMANT, ARVIND
 Dispense Qty: 60 / Tablet(s)

Refills: 1 Pre-Approved Discontinued Renewal Renewed Voided

Start Date: 08/31/2016 End Date: 10/29/2016
 Recorded: 08/31/2016 Presc/Order#: 20965
 Strength: 20 mg
 Dose Form: capsule
 Route: oral

Earliest Fill Date:
 Type: Prescription
 Pharmacy: RITE AID-476 WILLIAM ST
 Pharmacy Addr: 476 WILLIAM STREET
 Pharmacy City: BUFFALO
 Pharmacy Phone: 716-847-0424

Estimated Dates: N
 Medication: PROzac

Sig: Take 1 capsule(s) by mouth 1 time a day

Note to Pharmacy:

Prescribing Physician:

Staff: SAMANT, ARVIND
 Dispense Qty: 30 / Capsule(s)

Refills: 1 Pre-Approved Discontinued Renewal Renewed Voided